O.	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form For Official Use Only
	Division, Department, or Region (If Applicable))]	For Official Ose Only
	Board of Supervisor, First District				
	Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Administrator			Amendment (Must p	ravida evalanation in Part 2 1
Ī	Area Code/Phone Number E-mail			7	Ovide explanation in Part 3.)
	213-974-4111 bgarcia@bos.	lacounty.go	V	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	_		1	15.00
		Yes⊠ No		of Each Ticket/Pass \$ L	
	Event Description LA Phil		Date(s) 12	,13 ,2018	
	Provide Title/Expla		LA Phi	1	
	Ticket(s)/Pass(es) provided by agency?	Yes No	x If no:	Name of So	ırce
	Was ticket distribution made at the behest	No⊠ Yes	lf yes:		
	of agency official?		, 00.	Official's Name (L	ast, First)
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	ng:
			Ceremonial Role	other Other describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	YWCA GLA	14	Per ticket policy 5.3	(i)	

FPPC Regulations 18<u>944.1 and 18942. I have verified that the distri</u>buti<u>on set forth above, is in accordance with the re</u>quirements. Barbara Garcia Ticket Administrator 01/15/2019 Head or Designee Print Name Title (Month, Day, Year) Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

C	eremonial Role Events and Tici	Neur ass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form OUZ
	Division, Department, or Region (If Applicable)		For Official Use Only		
	Face were an analysis of the second s				
	Board of Supervisor, First District				
	Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Administrator			C Amondment (Must ave	uide contention is God 21
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
	213-974-4111 bgarcia@bos.	.lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
		Yes⊠ No	Face Value of	of Each Ticket/Pass \$ 39	.00
	I A DL:I	ICOM NO	1 12	19 2018	
	Event Description Provide Title/Expla	enation	Date(s)	1/13 1/2010	
	00000000000000000000000000000000000000		LA Phi	1	
	Ticket(s)/Pass(es) provided by agency?	Yes No	x If no:	Name of Sour	rce
	Was ticket distribution made at the behest	No⊠ Yes	☐ If yes: ☐		
	of agency official?	140- 163	i yes.	Official's Name (La	st, First)
3	Recipients				
٥.	Use Section A to identify the agency's department or use.	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	La Proposition of the Committee of the	olic purpose made pursuant to	NA Jeografia
		F455(65)			
					:
		Number of			
	B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role	Other 🔲	Income
			If checking "Ceremon	nial Role" or "Other" describe below:	
		<u> </u>			
			Ceremonial Role	Other	Income
			If checking "Ceremon	nial Role" or "Other" describe below;	
		Number of		The first agreement of the control o	
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to	o the agency's policy
		1 405(65)			
	Dalton Park	14	Per ticket policy 5.3	(i)	
		1	1 / / -		
4.	Verification				
	I have read and understand FPPC Regulations 18944.1 and			The Late of the La	70.7.100.000.000.000.000.000.000.000.000
	Barbara	a Garcia	Ticke	et Administrator	01/15/2019
	Signature of Agency Head or Designee	Print Nan	me	Title	(Month, Day, Year)
	Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles			92	Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District	Board of Supervisor, First District			
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.go	οV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			5.0	9.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	7.00
Event Description LA Phil		Date(s) 12	,20 ,2018	
1 TOVIDE THEFEXPI		I Δ Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ If no: □	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	est, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Tass(es)			
	Number of			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	lg:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
C Name of Outside Organization	Number of .			911345 A B A A A
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
In The Making	14	Per ticket policy 5.3	(i)	
in the Making		refucket policy 5.5	(V	
1. Verification				
I have read and understand FPPC Regulations 18 <u>944.1 and</u>	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance with	the requirements.
	a Garcia		t Administrator	01/15/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.go	ΟV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Event Description LA Phil Provide Title/Expl. Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? 3. Recipients • Use Section A to identify the agency's department or the section of the sectio	Yes□ No No⊠ Yes	Date(s) If no: If yes:	of Each Ticket/Pass \$	ast, First)
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ng:
		Ceremonial Role	Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy

4. Verification tand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Barbara Garcia Ticket Administrator 01/15/2019 Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Comment:

ceremonial Role Events and Tic	Ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)		4	For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	39.00
Event Description LA Phil		Date(s) 12	,23 ,2018	
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ If no: LA Phi		
Was ticket distribution made at the behest	🔽		Name of So	Urce
of agency official?	No⊠ Yes	If yes:	Official's Name (Last, First)
3. Recipients				
Use Section A to identify the agency's department or a	ınit. • Use Se	ction B to identify an Individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
	Pass(es)			
D Name of Individual	Number of		and the second s	
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other 🔲	Income
			ial Role" or "Other" describe below:	mome _
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Pilipino Workers Center	14	Per ticket policy 5.3	(i)	
			· ·	ON TRANSPORT OF THE PROPERTY O
				The second secon
Vorification	L			
. Verification I have read and understand FRPC Regulations 18 <u>944.1 and</u>	18942. I have vi	erified that the distribution set f	odh ahove is in accordance will	th the requirements
10 12 . 1 -	a Garcia		et Administrator	01/15/2019
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
				(worth, Day, rear)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)		1	For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)			1
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.go	DV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			J T	Annual Control of the
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	51.00
		1	,3 ,2019	
Event Description LA Phil Provide Title/Expla	anation	Date(s)	_/[/[]	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	I	
	162 140		Name of So	urce
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:	05:44	
of agency official?			Official's Name (Last, First)
3. Recipients				
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	ual. • Use Section C to iden	tify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	Pass(es)		V	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other	Income
		If checking "Ceremon	nial Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
		NAME OF THE PARTY	nial Role" or "Other" describe below:	income [
			100 t 00 to 10 to	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
(include address and description)	Pass(es)			
Southeast Rio Vista YMCA	14	Doutiekst policy 5.2	/:\	
Southeast Rio Vista YMCA 14 Per ticket policy 5.3		Per ticket policy 5.5	(I)	
. Verification		-		
I have read and understand FPPC Regulations 18944.1 and		erified that the distribution set f	orth above, is in accordance wi	th the requirements.
Barbara	a Garcia	Ticke	et Administrator	01/15/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment				1
Comment:				FPPC Form 802 (4/12)
			FPPC Toll-Free Helpline:	366/ASK-FPPC (866/275-7772)

C	eremonial Role Events and Tick	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form OUZ
	Division, Department, or Region (If Applicable))		1	For Official Use Only
	Board of Supervisor, First District				
	Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Administrator			<u> </u>	
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	213-974-4111 bgarcia@bos.	lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	5.00
	Event Description LA Phil		Date(s) 1	,4 ,2019	
	Provide Title/Expla	nation	· · · · · · · · · · · · · · · · · · ·	Annual Manager and Annual Manager	AND THE SECOND CONTRACTOR OF THE SECOND CONTRA
	Ticket(s)/Pass(es) provided by agency?	Yes No	☑ If no: LA Phi	Name of Sou	rce
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)
3.	Recipients				
	Use Section A to identify the agency's department or u		ction B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	B. Name of Individual	Number of Ticket(s)/			
	(Last, First)	Pass(es)		Identify one of the followin	19:
			Ceremonial Role If checking "Ceremon	Other iiel Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremon	Other Other Other Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Boys and Girls Club of Greater LA	14	Per ticket policy 5.3	(i)	
4.	yerifigation	IL.	III.		hite // ma
	I have read and unders and FPPC Regulations 18944.1 and		erified that the distribution set f	orth above, is in accordance with	the requirements.
	Barbara	Garcia	Ticke	t Administrator	01/15/2019
	Signature of Agency Head or Designee	Print Nam	ne	Tille	(Month, Day, Year)
	Comment:				
	Committee Commit				

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Documen
I. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ 32	.00
LADII	100-23 110	1	,8 ,2019	
Event Description LA Phil Provide Title/Expla	nation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	▼ If no: LA Phi		
Was ticket distribution made at the behest	No⊠ Yes	If yes:	Name of Sour	CE
of agency official?	100	a liyes.	Official's Name (La	st, First)
. Recipients				
Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individ	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role	Other _	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other 🔲	Income
		If checking *Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
Mexican American OpportunityFoundation	14	Per ticket policy 5.3	(i)	anteriorium transmitairain oo vraatii kiidi kalei miilioo vraatiin kooli kalei kalei kalei kalei kalei kalei k
Verification . A				
have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance with	the requirements.
Barbara		1 1	t Administrator	01/15/2019
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California QA2
County of Los Angeles	****			Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			Amendment (Must ex	ovide explanation in Part 3.)
Area Code/Phone Number E-mail		and the second of the second o		ovice explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	-		59	0.00
	Yes⊠ No	Face Value o	t Each Ticket/Pass \$	
Event Description LA Phil Provide Title/Explain	enetion	Date(s) 1	,10 ,2019	
	Yes□ No	⋉ If no: LA Phi		
Was ticket distribution made at the behest	No⊠ Yes	If yes:	Name of Sour	CCE
of agency official?		11 900.	Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department or u	init. • Use Se	ction B to identify an individu	ial. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	1 400(00)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	g:
	Pass(es)	Ceremonial Role	Other	Income
			al Role" or "Other" describe below:	income [_]
		Ceremonial Role	Other D	1
		200 - 100 -	ai Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
East Yard Communities for a Better Enviror	14	Per ticket policy 5.3 (i)	
. Verification		JIL	41	
I have read and understand FPPO Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
Barbara	Garcia	Ticke	t Administrator	01/15/2019
Signature of Agency Head or Designee	Print Nan	ne	Tille	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

eremonial Role Events and Tick	keuPass	Distributions		A Public Documen
Agency Name			Date Stamp	California 802
County of Los Angeles				1 oilli
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				L
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	lacounty.go	ν	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			50	2.00
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$,.00
Event Description LA Phil Provide Title/Expla	nation	Date(s)	11 2019	
	Yes□ No	× If no: LA Phi		
Woo ticket distribution made of the best			Name of Soul	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	☐ If yes: ☐	Official's Name (La	ast, First)
Recipients				
Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	, Production of the State of	lic purpose made pursuant t	National Personal Services
	r 255(65)			and the second s
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role If checking "Ceremon	Other Other" describe below:	Income
		Ceremonial Role	Other later of the other later o	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
East LA Rising	14	Per ticket policy 5.3	(i)	and the control of th
Verification .				
have read and understand FPPC Regulations 18944.1 and		erified that the distribution set f	orth above, is in accordance with	the requirements.
Barbara	Garcia	Ticke	t Administrator	01/15/2019
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)